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/D.				
(Requestor's Name)				
(Ac	idress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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(Document Number)				
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COVER LETTER | 4

TO: Registration Section Division of Corporations				
SUBJECT: Freedom Warranty Financial LLC				
	Name of Florida	Limited Liability Compan	у	
	s of Conversion and fe mpany" into an "Other	* *		
Please return all corre	espondence concerning	g this matter to:		
Kimberly A. Crowell				
	Contact Person	- 1010-10-		
Pennington, P.A.				
	Firm/Company			
215 S. Monroe Street, Su				
	Address			
Tallahassee, FL 32301				
C	ity, State and Zip Code			
kcrowell@penningtonlav	v.com			
	be used for future annual re	port notification)		
For further information concerning this matter, please call:				
Kimberly A. Crowell		at (<u>850</u>) <u>222</u>	-3533	
Name of Contact Pe	erson	Area Code and Day	ytime Telephone Number	
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee and Certificate of Status	□\$55.00 Filing Fee and Certified Copy	☐ \$60.00 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	MAILING Registration Division of 9 P. O. Box 63 Tallahassee,	Section Corporations 327	

CR2E106 (07/14)

Articles of Conversion For da Limited Liability Comr

Florida Limited Liability Company

Into

"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

Freedom Warranty Financial LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

Freedom Warranty Financial LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a <u>limited liability company</u>

(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Tennessee

(Enter state, or if a non-U.S. entity, the name of the country)

on 09/30/2016

(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

- 4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.
- 5. This conversion shall be effective in Florida on: 09/30/2016

 (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
 - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	24850 Old 41 Road, Suite 19		
	Bonita Springs, FL 34135		
Mailing Address:	24850 Old 41 Road, Suite 19		
J	Bonita Springs, FL 34135		
	Other Business Entity" has agreed to amount to which such members are 1072, F.S.		
Signed this	day of	, ₂₀ 16	
Signature: \(\frac{\fin}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac}{\frac{\fin}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\fint}}}}{\frac}}}}{\fin}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}{\firac{\firi}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{	West be signed by a Member or Autho	rized Representative	
Printed Name: Kimber	•	y 	
Fees: Filing Fee: Certified Copy Certificate of S	· · · · · · · · · · · · · · · · · · ·	'S	

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